



CITY OF ALVIN, TEXAS EMPLOYMENT APPLICATION

www.alvin.tx.citygovt.org

THE CITY OF ALVIN IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, SEX, AGE, VETERAN STATUS, OR DISABILITY.

POSITION APPLYING FOR: _____

DATE YOU CAN START: _____

SALARY DESIRED: \$ _____

Social Security Number: _____

MONTH DAY YEAR

HOURLY RATE

FULL NAME: _____

LAST FIRST MIDDLE

PRESENT ADDRESS: _____

NUMBER STREET

CITY STATE ZIP

AREA CODE AND TELEPHONE NUMBER

MAILING ADDRESS: _____

(IF DIFFERENT THAN ABOVE) NUMBER STREET APT. NO.

CITY STATE ZIP

DRIVER'S LICENSE:

DRIVER'S LICENSE NUMBER STATE

TYPE (CLASS C, CLASS B - CDL, ETC)

NAME VARIATIONS:

HAVE YOU EVER WORKED FOR THE CITY UNDER A DIFFERENT NAME? ☐ YES ☐ NO

IF YES, UNDER WHAT NAME?

PREVIOUS CITY APPLICATION:

HAVE YOU EVER APPLIED FOR WORK WITH THE CITY BEFORE? ☐ YES ☐ NO

IF YES, WHEN? _____

MONTH DAY YEAR

PREVIOUS CITY EMPLOYMENT:

HAVE YOU EVER WORKED FOR THE CITY OF ALVIN BEFORE? ☐ YES ☐ NO

IF YES, WHEN? _____

MONTH DAY YEAR

WHAT POSITION? IMMEDIATE SUPERVISOR

REASON FOR LEAVING

RELATIONS TO CITY EMPLOYEES:

DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY? ☐ YES ☐ NO

IF YES, NAME OF RELATIVE

RELATIONSHIP

DEPARTMENT

FELONY CONVICTION:

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY TO A FELONY WITHIN THE LAST SEVEN (7) YEARS? ☐ YES ☐ NO

IF YES, WHEN? _____

MONTH DAY YEAR

IF YES, PLEASE EXPLAIN

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

EMPLOYMENT HISTORY:

LAST OR PRESENT EMPLOYER

ADDRESS

CITY STATE ZIP

IMMEDIATE SUPERVISOR

REASON FOR LEAVING

AREA CODE AND TELEPHONE NUMBER

FROM: _____ THRU: _____
MONTH YEAR MONTH YEAR

POSITION HELD
\$ _____ OR \$ _____
FINAL HOURLY PAYRATE FINAL ANNUAL SALARY

ARE YOU CURRENTLY ON LAYOFF
STATUS AND SUBJECT TO RECALL?

☐ YES
☐ NO

MAY WE CONTACT THE EMPLOYER
FOR A REFERENCE?

☐ YES
☐ NO

NEXT PREVIOUS EMPLOYER

ADDRESS

CITY STATE ZIP

IMMEDIATE SUPERVISOR

REASON FOR LEAVING

AREA CODE AND TELEPHONE NUMBER

FROM: _____ THRU: _____
MONTH YEAR MONTH YEAR

POSITION HELD
\$ _____ OR \$ _____
FINAL HOURLY PAYRATE FINAL ANNUAL SALARY

MAY WE CONTACT THE EMPLOYER
FOR A REFERENCE?

☐ YES
☐ NO

NEXT PREVIOUS EMPLOYER

ADDRESS

CITY STATE ZIP

IMMEDIATE SUPERVISOR

REASON FOR LEAVING

AREA CODE AND TELEPHONE NUMBER

FROM: _____ THRU: _____
MONTH YEAR MONTH YEAR

POSITION HELD
\$ _____ OR \$ _____
FINAL HOURLY PAYRATE FINAL ANNUAL SALARY

MAY WE CONTACT THE EMPLOYER
FOR A REFERENCE?

☐ YES
☐ NO

JOB DESCRIPTION:

FURNISHED ALONG WITH THIS APPLICATION IS A COPY OF THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.
PLEASE READ IT CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS:

1. DO YOU UNDERSTAND IT?

☐ YES
☐ NO

2. CAN YOU PERFORM EACH OF THE JOB
FUNCTIONS LISTED ON THE JOB DESCRIPTION?

☐ YES
☐ NO

3. IF NOT, PLEASE LIST THE FUNCTIONS THAT YOU CANNOT PERFORM: _____

4. IF THERE IS AN ACCOMMODATION THAT YOU BELIEVE THE CITY COULD MAKE THAT WOULD ENABLE YOU TO PERFORM THE
FUNCTION(S) LISTED IN YOUR ANSWER TO NO. 3, PLEASE DESCRIBE IT BELOW: _____

EDUCATION					
SCHOOLS	NAME OF SCHOOL	LOCATION	YEARS ATTENDED	GRADUATE	DEGREE
HIGH SCHOOL					
JUNIOR COLLEGE, COLLEGE OR TRADE SCHOOL					
OTHER COLLEGE OR GRADUATE SCHOOL					
OTHER					

DESCRIBE ANY OTHER EDUCATION OR SPECIALIZED TRAINING YOU HAVE RECEIVED OR ANY LEVELS OF OPERATOR CERTIFICATION, SPECIAL SKILLS, ETC. THAT YOU HAVE THAT ARE PERTINENT TO THE JOB FOR WHICH YOU ARE APPLYING:

IF YOU DO NOT HAVE A HIGH SCHOOL DIPLOMA, DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (G.E.D.)? ☐ YES ☐ NO

PERSONAL REFERENCES:

GIVE BELOW THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME OF REFERENCE NO. 1		LENGTH OF TIME KNOWN BY REFERENCE	
HOME ADDRESS		BUSINESS ADDRESS	
CITY	STATE	CITY	STATE
<div>AREA CODE AND TELEPHONE NUMBER (HOME)</div>		<div>AREA CODE AND TELEPHONE NUMBER (WORK)</div>	
NAME OF REFERENCE NO. 2		LENGTH OF TIME KNOWN BY REFERENCE	
HOME ADDRESS		BUSINESS ADDRESS	
CITY	STATE	CITY	STATE
<div>AREA CODE AND TELEPHONE NUMBER (HOME)</div>		<div>AREA CODE AND TELEPHONE NUMBER (WORK)</div>	
NAME OF REFERENCE NO. 3		LENGTH OF TIME KNOWN BY REFERENCE	
HOME ADDRESS		BUSINESS ADDRESS	
CITY	STATE	CITY	STATE
<div>AREA CODE AND TELEPHONE NUMBER (HOME)</div>		<div>AREA CODE AND TELEPHONE NUMBER (WORK)</div>	

WHERE DID YOU LEARN OF THIS POSITION?

☐ WALK-IN☐ FRIEND☐ NEWSPAPER

☐ OTHER

WHICH NEWSPAPER

EXPLAIN

I AUTHORIZE THE CITY OF ALVIN OR ITS DESIGNEES TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE AND REQUEST ANY AND ALL OF MY FORMER EMPLOYERS AND ANY OTHER PERSON, FIRM, OR CORPORATION TO FURNISH ANY AND ALL INFORMATION REQUESTED BY THE CITY OF ALVIN OR ITS DESIGNEES CONCERNING MY JOB PERFORMANCE, SUITABILITY FOR EMPLOYMENT, JOB QUALIFICATIONS, AND PERSONAL BACKGROUND, AND I HEREBY RELEASE EACH SUCH EMPLOYER OR OTHER PERSON, FIRM, OR CORPORATION FROM ANY AND ALL LIABILITY BY REASON OF FURNISHING THE REQUESTED INFORMATION. IN ADDITION, IF I SHOULD BECOME EMPLOYED BY THE CITY OF ALVIN, I EXPRESSLY AUTHORIZE THE CITY OF ALVIN TO RELEASE INFORMATION ABOUT MY JOB PERFORMANCE, JOB QUALIFICATIONS, AND SUITABILITY FOR EMPLOYMENT TO ANY PERSON WHO MAY REQUEST SUCH INFORMATION EITHER DURING MY EMPLOYMENT OR AFTER MY EMPLOYMENT TERMINATES, AND I EXPRESSLY RELEASE THE CITY OF ALVIN FROM ANY LIABILITY FOR DISCLOSING SUCH INFORMATION.

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT ANY MISREPRESENTATION, MISSTATEMENT, FALSIFICATION OR OMISSION OF INFORMATION IN THIS APPLICATION IS CAUSE FOR MY REJECTION OR IMMEDIATE DISMISSAL IF I SHOULD BECOME EMPLOYED. I ALSO UNDERSTAND AND AGREE THAT, IF I SHOULD BECOME EMPLOYED, MY EMPLOYMENT WITH THE CITY OF ALVIN IS FOR NO DEFINITE TIME PERIOD AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME AT THE OPTION OF THE CITY OR MYSELF. I UNDERSTAND THAT THE COMPLETION OF THIS EMPLOYMENT APPLICATION DOES NOT INDICATE THAT THERE ARE POSITIONS AVAILABLE AND DOES NOT OBLIGATE THE CITY OF ALVIN TO OFFER ME A POSITION IF POSITIONS ARE AVAILABLE. IF I AM EMPLOYED I AGREE TO CONFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE CITY OF ALVIN. I UNDERSTAND THAT THE CITY REQUIRES A PRE-EMPLOYMENT PHYSICAL EXAMINATION AND DRUG AND ALCOHOL TEST PRIOR TO EMPLOYMENT. IF CONDITIONALLY OFFERED EMPLOYMENT I AGREE TO UNDERGO THE PHYSICAL EXAMINATION AND DRUG AND ALCOHOL TEST. I ALSO UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE CITY OF ALVIN HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, EITHER PRIOR TO COMMENCEMENT OF EMPLOYMENT OR AFTER I HAVE BECOME EMPLOYED.

APPLICANT SIGNATURE

		-			-		
MONTH		DAY		YEAR			

NOTE: IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.